

Forum considers moral, legal questions of euthanasia

By Karen M. Franz

Moral issues are often difficult to answer. There is no clearly defined right or wrong, especially when the waters are muddied by an endless stream of complications, specific circumstances and individual fears. Participants, therefore, probably left the day-long forum on euthanasia at St. Mary's Hospital Saturday, Nov. 16, with more questions than answers.

The forum, cosponsored by the Catholic Physicians Guild, St. Bernard's Institute and St. Mary's Hospital, focused on the ethical dilemmas of dying issues that face the medical, legal and religious communities, as well as the families of the terminally ill.

Keynote speaker for the day was Father Richard A. McCormick, SJ, Rose Kennedy professor of Christian ethics at the Kennedy Institute of Ethics of Georgetown University. "I don't think the Christian story will support the theory that mere vegetative life is worth preserving at all cost," Father McCormick said, opening his remarks. He said that dying issues must be based in "reason informed by faith, not reason replaced by faith nor reason without faith, but reason shaped or formed by faith."

The thrust of his argument was that "Life is a basic good, but not an absolute good ... It is not absolute because there are higher principles." He noted that as Christ died and now lives; "death is the culmination of good. Death, in general is an evil to be avoided, but it is not an absolute evil ... Not all means must be used to preserve the dying."

"Catholic tradition, as I read it, has attempted to move between the two extremes



Father Richard A. McCormick

of absolute vitalism (preservation of life at any level by all available means) and pessimism," Father McCormick said. Merely technical judgments, he added, could fall to either extreme because they are not based in faith.

"Moral reasoning must assume its responsibility," he said. Although decisions on use of extreme means must be based in scriptural teaching, scripture offers no specific guidelines. Therefore, decisions on dying must be based on an interpretation of scripture's statements on the value of life, he

said, noting such decisions are a cases in which we must say, "Speak, Lord, and your servant will think it over."

He noted that although Catholics must seriously consider the dictates of the Magisterium of the Church and the moral reasoning behind them, this submission of mind and will does not require blind obedience to them. "It means the renunciation of attitudes of obstinacy — a docile personal attempt to assimilate the teaching and make it one's own." This process must include respect for the teaching and willingness to reassess one's own position on the question, he said.

"This process can end in failure and dissent," Father McCormick noted, citing references from the documents of Vatican Council II to demonstrate that Catholics must form their consciences with attention to the certain teaching of the Church, but need not form them in complete accordance with that teaching.

"Dissent, therefore, is both an end and a beginning," he said. "If a vast percentage dissents, the Church should reconsider." As example, he noted the Church's lack of involvement in advancements in DNA technology. "It would be a terrible shame if at the very time the Church ought to be present in science and medicine, she emerged primarily concerned with herself ... The Church is simply not present (in ethical discussions of this technology). The statements made will be uninformed."

Father McCormick noted, however, that he is concerned with the potential of manipulation and rationalization of scripture

and Church teaching in dissent. "The danger of community decision is that consensus of opinion will be taken as (morally) right," he said.

Father McCormick said that, according to Vatican II, the most important question to be asked making decisions is, "Is the action or policy likely to promote the flourishing of the human person, or is it likely to undermine it?"

Following Father McCormick's presentation, five experts offered commentary on specific aspects of dying questions. Colleen Clements, assistant professor of psychiatry at the University of Rochester School of Medicine, discussed the supposed distinction between "Mercy Killing vs. Letting Die."

Clements spoke from a background of "philosophic ethics." "Some active killing, I think, can be defined as legal and ethical," she said, referring specifically to cases in which progressively higher doses of pain killers are administered to terminal patients in great pain. Eventually the "double effect" of the drug will reach toxic levels, killing the patients.

With the increasing acceptance of such documents as Living Wills, the emphasis has switched from providing the best possible care to controlling medical costs, she said. "We've abandoned the notion that there's a concept of medical ethics ... We eliminate the physician as the patient's advocate."

Clements asserted that behind discussions of quality of life and the "indignity of extreme means, is a hidden economic agenda. "We're teaching medical students to be economic gate-keepers," she said, referring to 'Do Not Resuscitate' orders issued by physicians to prevent emergency personnel from reviving terminal patients who go into cardiac or respiratory arrest. "This is a very serious situation for elderly patients," she said. "Do Not Resuscitate' orders are real."

Clements further claimed that the major question in euthanasia is not the administration of poison, but the decision to let terminal patients die if arrest occurs. "Mercy killing makes the headlines. You do not see headlines that read: 'Five Do Not Resuscitate orders written at hospital today.'"

In another presentation, Doctor Roger C. Sider, associate chairman an associate professor of psychiatry in the U of R medical school, discussed the physician's responsibility to recommend treatment in the best interests of the patient. "There is no escape for the physician from the responsibility to make a specific recommendation for every case under his control. I disagree that the choice belongs to the patient, courts or legislatures," Sider said, noting however that physicians do not always have to implement the recommendation if there are valid reasons to overrule it.

Sider asserted that individuals promoting patients' rights to decide on the use of extreme means make several assumptions about the psychology of dying and said that those assumptions are not necessarily cor-

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Care, not treatment required for irreversibly comatose

By Agostino Bono

Vatican City (NC) — Medical treatment is not required when a patient is in an irreversible coma, "but care, including feeding, must be provided," said a report on medical ethics prepared for Pope John Paul II by the Pontifical Academy of Sciences.

The Vatican made the report public Oct. 30, but it cannot become an official church document until approved by the pope. The 600-word report was drafted at an Oct. 19-21 meeting organized by the academy.

The report also encouraged organ transplants.

"Transplantation of organs deserves all the support of the medical profession, of legislation and of the population in general," said the report.

It supported efforts to prolong heart activity in a brain-dead person for purposes of a transplant.

The statement offered guidelines for judging cases in which extraordinary medical treatment may be proposed to prolong a patient's life. It distinguished between treatment, defined as "medical interventions, however technically

complex, which are available and appropriate for a given case," and care.

Care was defined as "ordinary help due to bedridden patients, as well as compassion and affective and spiritual support."

The guidelines offered were:

- "If the patient is in permanent coma, irreversible as far as it is possible to predict, treatment is not required, but care, including feeding, must be provided."

- "If some prospect of recovery is medically established, treatment is also required or pursued."

- "If treatment may bring no benefit to the patient, it can be withdrawn, care being pursued."

The report was prepared by 20 doctors and scientists from eight countries who met to discuss the theme, "The Artificial Prolongation of Life and The Exact Determination of the Moment of Death."

Included in the group were Dr. John Collins Harvey of Georgetown University Hospital, Washington; Dr. Robert White, director of neurosurgery, Case

Western Reserve University, Cleveland; and Dr. Sheldon Wolff, department of medicine, Tufts University, Boston.

The report defined the moment of death as the time when the brain ceases to function.

"Cerebral death is the true criterion of death," it said. The report agreed with the current medically accepted practice of determining brain death by the use of an electroencephalogram, an instrument which measures brain impulses.

"In order to be sure, by means of the electroencephalogram, that the brain has become flat, that is that it no longer shows any electric activity, the observation must be made at least twice within a six-hour interval," it said.

"When the whole brain has suffered an irreversible damage (cerebral death), any possibility of sensitive and cognitive life is definitely abolished," it added.

"A person is dead when he has suffered irreversible loss of all capacity for integrating and coordinating physical and mental functions of the body," said the report.

Cornerstone of demolished 1880s convent opens window on the past

By Delores Lamb

Hornell — St. Ann's Convent, a familiar landmark for more than century, is undergoing a major change. The decision to demolish the greater part of the old building at 25 Erie Ave. was determined not by choice, but by necessity.

On August 18, 1884, 103 years after the cornerstone for the sisters of Mercy Convent was laid, the north wall of the building collapsed, leaving a gaping hole above a huge mound of bricks.

Temporary repairs permitted use of the chapel, kitchen, community room and a few bedrooms. But after conferring with architects, carpenters, and plumbing inspectors, the parish council decided rebuilding was impractical, extensive and uncertain. Demolition, therefore, was inevitable.

After considerable searching, a new home for the five resident Sisters of Mercy was located at 66 Erie Avenue. The sisters were moved into their new home, and hundreds of parishioners approved the residence at an open house October 27.

Work on the demolition is continuing, and a portion of the old convent will be retained for school offices and a winter chapel. The stained glass windows in the original chapel were salvaged, and are now being repaired for installation in the new chapel.

Last month, the demolition unearthed the cornerstone of the old convent, dated August 15, 1880, and containing a sealed box. Father Elmer Schmidt, pastor of St. Ann's, showed the same enthusiasm for its opening as he had maintained during the months of decision, detail and delay.

The contents of the box showed the effects

of a century of Hornell weather, but were intact enough to provide colorful account of 1880's local and area occurrences.

The newspapers all were addressed to Father James M. Early, the innovative pastor responsible not only for the building of the convent, but for an addition to St. Ann's Church, a new St. Ann's School and parish rectory, and the establishment of St. James Mercy Hospital.

Among the newspapers found in the box were "The Evening Tribune," published daily by Greenhow and Peack; "The Hornellville Herald," a morning paper; "The Invincible," which sold for three cents and boasted of being the "Only Greenback Paper in the County." The Catholic Union, the official paper of the Diocese of Buffalo of which Hornellsville was a part; the New York Freeman's Journal and Catholic Register, as well as the Rochester Democrat and Chronicle. All of these indicated Father Early's desire to keep abreast of the news in addition to his spiritual duties.

Early's duties included two Sunday Masses, Sunday catechism (winter and summer), "Beads and Benediction" in the afternoon, and Vespers in the evening. His responsibilities spanned holy days and Sundays, in addition to regular meetings during the week with the 10 parish societies he inaugurated.

The advertisements in the old papers humorously reflect our changing times. A Rochester dentist advertised "Full Upper or Under Teeth — \$8. No charge for preparing the mouth. Extracting a tooth, 25 cents; Without Pain, 75 cents."

Also found in the box were two Indian-



Examining the contents of the original St. Ann's cornerstone are, seated from left, Sisters M. Jude, M. Conleth and M. Patrice, and, standing from left, Sisters M. Margaret and Dolores Ann.

head pennies dated 1880, a large Mercy crucifix, a geography textbook, "An Explanatory Catechism of Christian Doctrine" and "Rules and Constitution of the Religious Called the Sisters of Mercy."

Among the specified guidelines in the rule book were these cautions: "Sisters must be careful never to indulge idleness but always be engaged in some useful employment. They shall diligently be employed in sewing or manual works and never let themselves be seen running giddily through the Convent, but always preserve in their deportment a

gravity becoming religious persons.

"Two sisters shall always go out together, and the greatest caution and gravity shall be observed passing through streets, walking in neither slow nor hurried pace, nor stopping to salute or converse with anyone whom they might encounter."

The "gravity" demanded in the early rule book was not evidenced by the Sisters of Mercy residing at 66 Erie Ave. Smiles come easily to Sisters Mary Patrice, Mary Jude, Dolores Ann, M. Conleth and M. Margaret.